## California Exempt Organization Annual Information Statement or Return

FORM

199

1	99	1 Annual In	<u>formation Statement</u>	or Retur	<u>n</u>		199			
For	calen	dar or fiscal year beginn	ing MONTH DAY	1991, and	монтн d ending	DAY	YEAR			
		Attach Pread	dressed Label	Final return?						
Califo	rnia co	orporation number	Federal employer identification number		lithdrown	personized (attach e	voluention)			
				If a box is checked,	/ithdrawn	leorganizeo (attacii e.	xpiariation)			
Corpo	ration	/Organization name	<u> </u>		nis year: State: 10	0 D 100 D 100S				
		•	5		□ 990EZ □ 990T □ 99		2011 🗆 1120			
Addre	SS				empt under R&TC Section					
				=						
City			State ZIP code		ganization or is controlled neral Instruction F. No fi					
•				check box. (See Gel	neral instruction F. No II	ing ree is required.)	• 0			
Parl	· I	All organizations com:	plete Part I unless not required to	file this form	See General Ins	etruction C				
r <b>a</b> i (	1	·			1.1					
			rom other sources. From Side 2, Part II, line its from members and affiliates			1				
			2							
	- 1	3 Gross contribution, gifts, g	3							
Recal	: 1	4 Total gross receipts for fili		<u> </u>						
8N(	· I		eted. See instructions		<u> </u>	4				
Reven	3601					///X//////////////////////////////////				
			les expenses of assets sold							
			d line 6			7				
	-		act line 7 from line 4			8				
Exper	1202	•	its. From Side 2 Part II, line 18			9				
		Excess of receipts over ex	10							
Filli	na li	•	eral Instruction F			11				
Fe	.	•	on time. See General Instruction L			12				
			and line 12			13				
		•	ld, has the organization during the year: (1)							
			tion or any ballot measure, or (3) made an el			_				
•		ting to lobbying by public charities)? If "yes," complete and attach form FTB 3509								
		he organization have any changes in its activities, governing instrument, articles of incorporation or bylaws								
		ave not been reported to the F								
		•	TC Section 23701g?			∐ Yes	S □ No			
	-		pts from nonmember sources \$							
		-	Form 109 to report taxable income?			Yes	No.			
			ne reported \$			<b>—</b>	σ			
18 1	s this	a group return filed on behalf	of affiliated organizations? See General Inst	ruction M		Yes	s 🗆 No			
19	The bo	ooks are in care of			Daytime	telephone				
		located at								
			clare that I have examined this return, including a omplete. Declaration of preparer (other than tax							
Pleas							-			
Sign	Here	<b>&gt;</b>			<b> </b>					
		Signature of officer		Date	Title		ime telephone			
Paid		Preparer's		Date	Check if	Preparer's social s	•			
raiu Prepa	rer's	signatura			self-employed					
Use (		Firm's name (or yours, if			FEIN					
		self-employed) and address			Daytime telephone (	)				

Pari	t II		rganization with gross receipt oss receipts — complete Part								f
		1	Gross sales or receipts from all busines								
		2	-								+
Receipi		2 Interest						· <del> +</del>			
from O		4									
Source											
002100	•	6	Gross royalties					·		<u> </u>	
		7 Other income. Attach schedule					· + • •				
								. 8			
		Enter here and on Side 1, Part I, line 1							-		
		10 Disbursements to or for members						· ++		-	
Funna.										_	
Expens	92	11	Compensation of officers, directors and trustees. Attach schedule.								
and									·		
Disbur											
ments		14	Taxes								
		15	Rents						$\vdash$		
		16	Depreciation and depletion						$\overline{}$	, <u>,</u>	_
		17	Other. Attach schedule						_		-
		18	Total. Add lines 9 through 17. Enter he	re and							
		110	L Balance Sheets	Т		ng o	income year		End of it	ncome year	
Asse					(a)	,,,,,	(b)	(c)	,,,,,,,	(d)	
				V/				— <i>////////////////////////////////////</i>		<b></b>	
	Accounts receivable net		- V				— <i>////////////////////////////////////</i>		<del></del>		
			es	r/							
			nd state government obligations	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~							
6 1	nves	tmer	nts in other bonds. Attach schedule	[				_//////////////////////////////////////		<b></b>	
7	nves	tmer	nts in stock. Attach schedule	[						<b></b>	
8 1	Morto	jage	loans (number of loans)	[							
9	Other	inv	estments. Attach schedule(s)	[							
10 1	De	preci	able assets	L							
1	Les	ss ac	ccumulated depreciation	[	(	)		(	)		
11	Land			[							
12	Other	ass	ets. Attach schedule(s)	8							
			ets	*/							
	Liabilities and net worth										
14	Acco	unts	payable	🛭							
			ions, gifts, grants payable	*/							
			d notes payable. Attach schedule(s)	V /							
			s payable	· ·							
			pilities. Attach schedule(s)	- 1/							
			tock or principle fund	Y/				<b>V////////</b>			
			r capital surplus. Attach reconciliation	v							
			earnings or income fund					(////////////////////////////////////			
			ilities and net worth							<b></b>	
			M-1 Reconciliation of income			ne n	er return			<u> </u>	
			This schedule does not have to	be con		unt o	n Schedule L, line 13,		s than \$	25,000.	
			ne per books	<u> </u>		7	Income recorded on be	-			
	Federal income tax				not included in this re						
		excess of capital losses over capital gains				Attach schedule			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,	
	Taxable income not recorded on books this				8 Deductions in this return not charged						
	year. Attach schedule			mm	,,,,,,,,,,,	against book income this year.					
	Expenses recorded on books this year not					Attach schedule					
(	deduc	cted	in this return. Attach schedule	77777		9	Total. Add line 7 and	line 8			,,,,,,,,
	Total.		10 Net income per return.								
	Add I	ines	1 through 5				Subtract line 9 from I	ine 6			